

*POC accepted  
Letty sent  
B. Caveness  
HFS-III*

PRINTED: 01/28/2009  
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN498ESR</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/09/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPARKS DIALYSIS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4860 VISTA BLVD SPARKS, NV 89436</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as the result of a State licensure survey conducted at your facility on 1/6/09 through 1/9/09.  The State licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment of Irreversible Renal Disease, adopted by the Board of Health August 1, 2001.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following regulatory deficiencies were identified:	1 000			
1 197 SS=F	449.5345 Construction; Health and Safety  1. A facility shall screen each member of the staff of the facility to determine whether the member has tuberculosis. The facility shall screen each member of the staff: (a) Upon commencement of employment at the facility or upon receiving privileges as a member of the medical staff of the facility; or (b) Before the member of the staff has any physical contact with a patient of the facility. The screening must be conducted in accordance with the provisions of NAC 441A.375 < <a href="http://www.leg.state.nv.us/NAC/NAC-441A.html">http://www.leg.state.nv.us/NAC/NAC-441A.html</a> >  This Regulation is not met as evidenced by: NAC441A.375 (3) defines:	1 197	NAC 449.5345 CONSTRUCTION; HEALTH AND SAFETY The Facility Administrator will screen and use the Health and Safety Policy 4-06-06A Teammate Health Monitoring Record Form tracking tool to monitor all current and new teammates for tuberculosis based on Health and Safety Policy 4-06-05 Tuberculosis Monitoring and Follow up; This will be completed by 2/28/09; This is the responsibility of the Facility Administrator.	2/28/09	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE *[Signature]* TITLE *Facility Administrator* (X6) DATE *2/11/09*  
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1 197	<p>Continued From page 1</p> <p>"Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a:</p> <p>(a) Physical exam or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and other communicable disease in a contagious state; and</p> <p>(b) Mantoux tuberculin skin test including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has no documented history of a 2-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter."</p> <p>Based on personnel record review and staff interview, the facility failed to ensure all staff were screened with an initial 2-step Tuberculosis testing procedure or chest x-ray for 3 of the 10 personnel records reviewed. (#2, #6, #7) and failed to ensure all staff were tested annually for tuberculosis in 9 of the 10 personnel records records. (#2, #3, #4, #5, #6, #7, #8, #9, #10)</p> <p>Findings include:</p> <p>1) Employee #2 was hired on 7/29/08. Review of his personnel record indicated he had tested positive for Tuberculosis in May of 2008, prior to his hire date. There was no record that a subsequent chest X-ray had been performed when he was hired.</p> <p>An interview with the Clinical Service Specialist (CSS) on 1/8/09 revealed Employee #2 had tested positive because he had received the BCG</p>	1 197			

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1 197	Continued From page 2  vaccine which resulted in a positive Tuberculosis result. The CSS confirmed this was not in Employee #2's personnel record.  2) Employee #6 and Employee #7 did not have any record of any two step Tuberculosis testing upon hire.  3) Review of the personnel records revealed that Tuberculosis testing was not performed every 12 months for Employees #3, #4, #5, #6, #7, #8, #9, and #10.  The CSS confirmed the facility did not have any records that any staff had received Tuberculosis testing for the 2006 calendar year. This included Employee #4, #5, #8, and #9. The facility did not follow the state requirement to perform a two step test on those employees who had a lapse of test results. The CSS indicated the previous administrator had been responsible for tracking tuberculosis testing and maintaining personnel records. He was no longer employed by the facility as of July 2008. The CSS could offer no explanation for the lapse of testing.  Severity 2 Scope 3	1 197			
1 234 SS=F	449.5435 Provision of Services  1. Each facility shall provide nursing services to each patient of the facility to prevent or reduce complications and to maximize the functional status of the patient.	1 234	449.5435 Please refer to page 4		

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1 234	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure clinical records contained complete and accurate documentation of treatment records to demonstrate staff provided nursing services to maximize the functional status in 11 of 11 records reviewed.</p> <p>Findings include:</p> <p>Review of the clinical records revealed a computerized treatment form used for each treatment. These forms included sections identified as a "Pretreatment Data Collection and Assessment" section and a "Posttreatment Data and Assessment" section. The data section was completed by the patient care technician (PCT), the assessment section was completed by the registered nurse (RN). This information included vital signs, gastric, cardiac, mental, mobility, edema and access site information/assessment as well as opportunity to document other identified needs.</p> <p>Review of 11 active clinical records revealed there were no post-treatment assessments evaluations performed by the registered nurses. In 11 of 11 charts, these sections included the statement "no data" or "N/A" (not applicable). There was no data collected by the PCTs or assessments documented by the registered nurse. Review of these records could not identify why treatment times were below the prescribed times, why heparin doses were below or above the prescribed order, or if vital signs fluctuated, was the patient stable at discharge.</p> <p>Interviews with the two RN Co-managers confirmed they were the RNs who were the RNs to perform the post-treatment assessments.</p>	1 234	<p>NAC 449.5435 PROVISION OF SERVICES</p> <p>An investigation was initiated on 1/6/09 after reviewing post treatment flow sheets; An in-service was conducted on 1/6/09 and 1/07/09 regarding monitoring of Post treatment flow sheets and appropriate documentation to promote continuous monitoring of facility performance involving Blood flow rates; Heparin dosages; changes in treatment duration; pre and post patient assessments; intradialytic monitoring and failure of the computer to record entire dialysis treatment. Developed a process to audit post treatment flow sheets for accuracy in all these areas to be done by Charge RNs daily for 2 weeks; 4x/week for 2 weeks; 2x/week for 2 weeks; 2x/month x2; To be completed by March 31, 2009; This is the responsibility of the Charge RNs, Facility Administrator and Clinical Services Specialist.</p>	3/31/09

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1 234	Continued From page 4  Both confirmed that patients were observed throughout treatments, but that no post-assessment treatments were done.  An interview with the Clinical Service Specialist (CSS) on 1/6/09, confirmed the computerized treatment forms included a section that was identified as "Posttreatment Data Collection And Assessment" that was to be completed by the nurse. The CSS confirmed this section was part of the treatment form and was to be completed as part of the care of the patient.  Severity 2 Scope 3	1 234		
1 259 SS=E	<b>449.5465 Provision of Services</b>  1. The provisions of NAC 449.501 < <a href="http://www.leg.state.nv.us/NAC/NAC-449.html">http://www.leg.state.nv.us/NAC/NAC-449.html</a> > to 449.5795 < <a href="http://www.leg.state.nv.us/NAC/NAC-449.html">http://www.leg.state.nv.us/NAC/NAC-449.html</a> >, inclusive, do not prohibit a licensed practical nurse from practicing in accordance with the regulations adopted by the state board of nursing. If a licensed practical nurse acts in the capacity of a licensed practical nurse during the treatment of a patient of a facility, the licensed practical nurse must be certified to give intravenous injections by a board that is approved by the state board of nursing.  This Regulation is not met as evidenced by: NAC 632.455 Procedures not delegable to licensed practical nurses. (NRS 632.120) A licensed practical nurse may not administer intravenously: 1. Any drug other than an antibiotic, steroid or histamine H2 receptor antagonist; 2. Any drug which is under investigation by the	1 259	NAC 449.5465 PROVISION OF SERVICES Immediate (A) corrective action and LPN discontinuing administration of Epogen, Zemplar & Venofer was initiated on 1/8/09 upon clarification of LPN Scope of Practice; LPN corrective action carried out on 2/9/09 by Facility Administrator. Further written corrective action to be conducted on 2/09/09 for Charge RN(s) and Facility Administrator. This will be the responsibility of the Regional Operations Director.  An in-service will be conducted on 2/11/09 to review Nevada Board of Registered Nurses Scope of Practice for LPN/LVN for Charge Nurses, Facility Administrator, Regional Operations Director. This will be the responsibility of the Clinical Services Specialist.	2/9/09  2/11/09

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1 259	<p>Continued From page 5</p> <p>United States Food and Drug Administration, is an experimental drug or is being used in an experimental method;</p> <p>3. Any antineoplastic medications;</p> <p>4. Colloid therapy, including hyperalimentation; or</p> <p>5. Any medication administered by intravenous push.</p> <p>[Bd. of Nursing, § V subsec. C, eff. 8-21-81]- (NAC A 1-24-92; R102-03, 10-30-2003; R091-04; 8-13-2004)</p> <p>Based on document review and staff interview, the facility failed to follow the directives of the Nevada Administrative Code (NAC) pertaining to Patient Care: Licensed practical nurses (LPN) for 1 of 1 LPNs. (LPN #1)</p> <p>Findings include:</p> <p>Review of the corporate job description for the licensed practical nurse revealed that the general purpose of the job was to perform dialysis and patient care activities under the supervision of an RN in accordance with the company's healthcare policies, procedures and guidelines, OSHA, CMS, federal, state and local regulations. The job description further declared the essential duties and responsibilities of the LPN, as allowed by individual state regulations included administer medications, fluid therapy and blood products or other appropriate treatments as needed, and to administer appropriate drug dosages per physician instruction if allowed by state agencies.</p> <p>In an interview with the Clinical Services Specialist on 01/08/09, she confirmed that LPN #1 was administering the below listed medication IVP (intravenous push) to patients while on dialysis. She further elaborated that she had</p>	1 259			

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1 259	<p>Continued From page 6</p> <p>been unsure that the administration of the below mentioned medications was allowable but that she had been assured by other corporate clinical specialists that IVP administration of Zemplar, Epogen and Venofer was permitted in this state.</p> <p>Note: In a telephone call to the Nevada State Board of Nursing on 1/08/09, it was verified that LPNs can administer Heparin and Saline intravenously under the regulations governing End Stage Renal Disease, but all other intravenous medications would have to met the criteria as outlined in NAC 632.455 (see above).</p> <p>In review of patient records, it was noted that LPN #1 had administered the following drugs intravenous push (IVP):</p> <p>Patient #8</p> <table> <tr> <td>Zemplar 2 mcg</td> <td>12/29/08</td> </tr> <tr> <td>Epogen 2200 units</td> <td>12/29/08</td> </tr> <tr> <td>Zemplar 2 mcg</td> <td>12/31/08</td> </tr> </table> <p>Patient #3</p> <table> <tr> <td>Epogen 6600 units</td> <td>1/01/09</td> </tr> <tr> <td>Venofer 100 mg</td> <td>12/24/08</td> </tr> <tr> <td>Epogen 6600 units</td> <td>12/24/08</td> </tr> <tr> <td>Epogen 6600 units</td> <td>12/22/08</td> </tr> <tr> <td>Epogen 6600 units</td> <td>12/20/08</td> </tr> <tr> <td>Venofer 100 mg</td> <td>12/18/08</td> </tr> <tr> <td>Epogen 6600 units</td> <td>12/18/08</td> </tr> </table> <p>Further review of the clinical records revealed LPN #1 had administered intravenous push Epogen and/or Zemplar to the following patients.</p> <p>Patient #2 received Zemplar and Venofer IVP on</p>	Zemplar 2 mcg	12/29/08	Epogen 2200 units	12/29/08	Zemplar 2 mcg	12/31/08	Epogen 6600 units	1/01/09	Venofer 100 mg	12/24/08	Epogen 6600 units	12/24/08	Epogen 6600 units	12/22/08	Epogen 6600 units	12/20/08	Venofer 100 mg	12/18/08	Epogen 6600 units	12/18/08	1 259		
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1 259	Continued From page 7 12/11/08;  Patient #4 received Zemplar IVP on 12/29/08, and 12/31/08;  Patient #5 received Epogen on 12/18/08, 12/20/08, 12/22/08, and 12/27/08 and Venofer on 12/18/08, 12/24/08, and 1/1/09;  Patient #6 received Epogen IVP on 12/18/08, 12/20/08, 12/22/08, 12/24/08, and 12/27/08;  Patient #9 received Epogen and Zemplar IVP on 12/29/08.  Severity 2 Scope 2	1 259			
1 328 SS=E	449.570 Dialysis Technicians  2. If a dialysis technician receives training in any area of a facility in which treatment is provided to a patient of the facility, the dialysis technician shall, during the period in which he is located in that area, wear a tag or similar device that identifies the dialysis technician. The tag or similar device must be worn in a visible manner.  This Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to follow the directives of the Nevada Administrative Code pertaining to the Patient Care Technician (PCT) training program being used by the facility for 2 of 3 PCTs in training. (#1 and #7)  Finding include:  During observation of the facility's start up time at	1 328	NAC 449.570 DIALYSIS TECHNICIANS Facility Administrator or designee will order name badges for new employees immediately upon hire. A temporary name badge will be provided on the first day in the facility if ordered badge has not yet come in. An in-service will be conducted in the facility on 2/10/09 that all dialysis technicians and Registered Nurses in Training will be provided and wear name tags identifying training status; and upon completion of training, wear name tags while in the facility in a visible manner. Visual inspection to be done daily by Facility Administrator everyday x2 weeks; 3x week x 2 weeks; weekly x 2 weeks and then monthly included in Monthly Facility Administrators Audit.	2/10/09	

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1 328	Continued From page 8  4:30 AM on 1/07/09, it was noted that PCT #1 and #7, both trainees, were not wearing facility identification badges. Both employees acknowledged that they did not have identification badges.  Severity 2 Scope 2	1 328			
1 337 SS=F	<p>449.571 Dialysis Technicians</p> <p>5. The instructor of a course of training provided to a dialysis technician shall:</p> <p>(a) Maintain a roster of attendance for each dialysis technician enrolled in the course; and</p> <p>(b) At least once each week during the course, evaluate each dialysis technician enrolled in the course to determine the progress of the dialysis technician in completing the course.</p> <p>This Regulation is not met as evidenced by: Based on personnel file review and staff interview, the facility failed to follow the directives of the Nevada Administrative Code (NAC) pertaining to the Patient Care Technician (PCT) training program being used by the facility for 3 of 3 PCTs in training. (PCT #1, #7, #8)</p> <p>Findings include:</p> <p>Review of the training materials during the survey process failed to disclose a roster of attendance for each technician enrolled in the course. Employees PCT #1, PCT #7, and PCT #8 were currently in the training process. Staff were unable to produce such a roster when requested.</p> <p>Nurse co-manager #1 was interviewed on 1/08/09. When interviewed about evaluation of</p>	1 337	<p>NAC 449.571 DIALYSIS TECHNICIANS</p> <p>An in-service in the facility was conducted on 1/29/09 and 1/30/09 by the Clinical Services Specialist for the 11 designated preceptors regarding the training program curriculum; duties of instructor; written examinations that document a score in each training module of no less than 80 percent passing. In addition, progress report review with FA to be done on a weekly basis while trainee is being trained to address trainee progress with discussion of trainee's strengths &amp; weaknesses and plan developed to address trainee's weakness. Completed training modules will be reviewed and signed off at this time. Staff schedule will be updated to indicate staff in training.</p>	1/30/09	

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1 337	Continued From page 9  the training course enrollees' progress, at least on a weekly basis, she revealed that it was an informal process with no regularity or written documentation.  Module post tests were not being completed or evaluated by the preceptor at the end of each training module. (Note: Therefore their strengths and/or weakness in a particular area of training could not be included in determining their progress in completing the course.)  Review of the Corporation's Training Program Manual disclosed a form entitled, New Teammate Weekly Progress Report for Patient Care Technicians. The form provided for documentation of the week being trained, the segments/modules completed, the plan for the next week/plan for objectives not being met, and additional comments. The weekly report was to be signed by the new teammate, the preceptor and the facility administrator. There was no evidence that weekly evaluations of the trainees were being completed as defined in facility procedure.  Severity 2 Scope 3	1 337		
1 338 SS=E	449.571 Dialysis Technicians  6. Except as otherwise provided in subsection 7, each dialysis technician specified in subsection 5 must complete a written examination. The examination must include each of the subjects specified in subsections 2 and 3. If the dialysis technician intends to cannulate a dialysis access during the treatment of a patient of the facility or administer normal saline, heparin or lidocaine to	1 338		

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NAME OF PROVIDER OR SUPPLIER  <b>SPARKS DIALYSIS CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4860 VISTA BLVD SPARKS, NV 89436</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 338	<p>Continued From page 10</p> <p>that patient, the examination must include the subjects specified in subsection 4. To pass the written examination, the dialysis technician must achieve a score of not less than 80 percent on each of the subjects required to be included in the written examination pursuant to the provisions of this subsection.</p> <p>This Regulation is not met as evidenced by: Based on personnel file review and staff interview, the facility failed to follow the directives of the Nevada Administrative Code (NAC) pertaining to the Patient Care Technician (PCT) training program being used by the facility for 1 of 3 PCTs in training. (PCT #8)</p> <p>Findings include:</p> <p>PCT #8 had been involved in the training course since November 2008. Review of her training curriculum workbooks revealed module post tests, some of which were only partially completed. They had not been graded as of yet.</p> <p>When interviewed on 1/08/09, the Clinical Services Specialist indicated that the module post tests were utilized by the trainee as a study guide and were not formally graded or evaluated by the preceptor. She further explained that upon completion of the training course, the trainee was given a theory class at which time, the trainee took a final examination which was a compilation of all the subject matter. Review of the standard post test given to the trainees showed that the test consisted of multiple intermingled questions on the various areas of study. Therefore, it was not possible to determine if the trainee was versed in each designated module required by the regulation, NAC 449.571. Program of</p>	1 338	<p><i>Addressed issue in Medicare survey Page 5 449571</i></p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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1 338	Continued From page 11  training: Curriculum. Section 1, 2, 3, and 4. The Clinical Service Specialist confirmed that this was how all facility trainees were tested.  Severity 2 Scope 2	1 338			

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If continuation sheet 12 of 12